

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-004400

AMENDED

Registration District No. 318  
FILED JAN 19 1962

Primary Registration District No. 1003

Registrar's No. 598

STATE FILE NUMBER

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Mo.</b> b. COUNTY <b>St. Louis</b>   |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>St. Louis</b>  |   | Length of stay in 1b<br><b>14 Days</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>St. Anthony's Hosp.</b>  |   | c. CITY OR TOWN <b>Lemay</b>  |  |
| Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   | d. STREET ADDRESS (If outside, give location)<br><b>339 Lemay Ferry Rd.</b>   |  |
| Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/>   |   |   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Tillie</b> Middle <b>Renish</b> Last <b>Renish</b>  |   | 4. DATE OF DEATH<br>Month <b>Jan.</b> Day <b>13</b> Year <b>1962</b>  |  |
| 5. SEX<br><b>Female</b>  | 6. COLOR OR RACE<br><b>White</b>  | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>                     | 8. DATE OF BIRTH<br><b>July 7, 1878</b>  |
| 9. AGE (last birthday)<br><b>83</b>  |   | IF UNDER 1 YEAR<br>Months <b>6</b> Days <b>8</b>  |  |
| IF UNDER 24 HR<br>Hours <b>2</b> Min. <b>0</b>   |   |   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Housewife</b>  |   | 10b. KIND OF BUSINESS OR INDUSTRY   |  |
| 11. BIRTHPLACE (City and state or country)<br><b>Canada</b>  |   | 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>Fred Pfister</b>  |   | 13b. MOTHER'S MAIDEN NAME<br><b>Unknown</b>   |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>John Renish (Deceased)</b>   |   |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>   |   | 16. SOCIAL SECURITY NO.   |  |
| 17. INFORMANT<br><b>Fort Lauderdale, Fla.</b><br><b>William Reardon 5830 N. East 22nd Terr</b>   |   |   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Intestinal obstruction -</b><br><b>Diverticulum of colon</b><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <b>572-1</b><br>DUE TO (c) |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 weeks</b><br><b>2 years</b>  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Senility</b>   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  |  |
| 20c. TIME OF INJURY<br>Hour <b>8:00</b> a.m. <b>p.m.</b> Month, Day, Year <b>Oct. 30, 1960</b>   | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>    |   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 20f. CITY, TOWN, OR LOCATION<br><b>St. Louis, County, Mo.</b>   |  |
| 21. I attended the deceased from <b>Oct. 30, 1960</b> to <b>Jan. 13, 1962</b> and last saw her <b>alive</b> on <b>Jan. 12, 1962</b><br>Death occurred at <b>8:00 P.</b> on the date stated above, and to the best of my knowledge, from the causes stated.   |   |   |  |
| 22a. SIGNATURE<br><b>Ray C. Hughes M.D.</b> (Deceased or title)  |   | 22b. ADDRESS<br><b>7702 Longview</b>  |  |
| 22c. DATE SIGNED<br><b>1/15/62</b>   |   |   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>  | 23b. DATE<br><b>Jan. 17, 1962</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Park Lawn Cemetery</b>   | 23d. LOCATION (city, town, or county) (State)<br><b>St. Louis, County, Mo.</b> |
| 24. FUNERAL DIRECTOR<br><b>Schumacher's 3013 Meramec St.</b>   |   | 25. DATE RECD. BY LOCAL REG.<br><b>JAN 15 1962</b>  |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Lead Smith, M.D.</b>   |   |   |  |

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Roy C. Dripps

10 TO 1 P.M.

7702 Ivory

Pl. 2-0678

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Jack Haupt

Licensed Embalmer No. 4746

P. O. Address St Louis Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.